2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000110542

1. Entity Name
AMALIA'S INTERNATIONAL GOURMET FOODS, INC.

Principal Place of Business	Mailing Address
1865 S UNIVERSITY DR DAVIE, FL 33324	1865 S UNIVERSITY DR DAVIE, FL 33324

04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081177

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LABBAD, PAULA A
1415 SW 110TH WAY
DAVIE, FL 33329

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LABBAD, PAULA AMALIA
STREET ADDRESS	1415 SW 110TH WAY
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	SVD
NAME	DAVIDOV, MARIE LUCILLE
STREET ADDRESS	625 RANCH RAOD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	LABBAD, SILVIA A
STREET ADDRESS	235 MALLORY CT
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	BAILACH, FREDRIC H
STREET ADDRESS	2526 EAGLE RUN CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Paula Labbad PTD 4/21/05 954-335-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #